

PROVIDER TIERING CHECKLIST**Provider Name:** _____

_____ REGISTERED _____ CERTIFIED _____ LICENSED

_____ MAXIMUM CAPACITY ____/____/____ EXPIRATION DATE

TIER I**By School:**

_____ Free & Reduced School sheet from report

_____ School Name _____ %
(Must be 50% or more to qualify)

_____/_____/____ Expiration Date (Must redetermine every 5 years)

_____ Letter to DPP

DPP Name _____ Date ____/____/____

By Census:Source: _____ Date ____/____/____
_____ %**By Income: (Must redetermine each year)**

_____ Income Application ____/____/____ Expiration Date

Number of own children claimed _____

Number of related over capacity claimed _____

TIER II**By School:**

_____ Free & Reduced School sheet from report

_____ School Name _____ %

_____/_____/____ Expiration Date (Must redetermine every 5 years)

_____ Letter to DPP

DPP Name _____ Date ____/____/____

By Census:Source: _____ Date ____/____/____
_____ %**By Income: (Must redetermine each year)**

_____ Income Application ____/____/____ Expiration Date

Tier I _____ Tier II _____

_____ Verification Documentation

(Must be on file if Tier I living in a Tier II school district)

List Source Documentation: _____

Number of own children claimed _____
Number of related over capacity claimed _____

MIXED TIER III

By School:

_____ Free & Reduced School sheet from report

_____ School Name _____ %
_____/_____/_____ Expiration Date (**Must redetermine every 5 years**)

_____ Letter to DPP

DPP Name _____ Date ____/____/____

_____ Income Applications for Enrolled Children

Number of enrolled children eligible for Tier I rates by income application _____

Number of enrolled children eligible for Tier II rates by income application _____